

For Office Use Only

APPROVED _____
(Facility Administrator)

(Facility's Name)

FIELD TRIP REQUEST FOR APPROVAL

CLASS: _____

TRIP SITE: _____

ADDRESS: _____

Trip Site Contact Person: _____

Telephone: () _____

Trip Date: _____ **TIME: Departure** _____ **Return** _____

One Way Travel Time _____

TRAVEL PLANS:

(#) Children _____

(#) Driver(s) _____

(#) Adult(s) _____

TOTAL _____

(#) Bus(es) _____

(#) Car(s) _____

(#) Van(s) _____

Public

Transportation _____

Walking Trip _____

Purpose of Trip: _____

Brief Summary of Plans: _____

Special Arrangements Needed: _____

TRIP LEADER'S SIGNATURE

(ATTACH MAP WITH CLEARLY MARKED ROUTE)